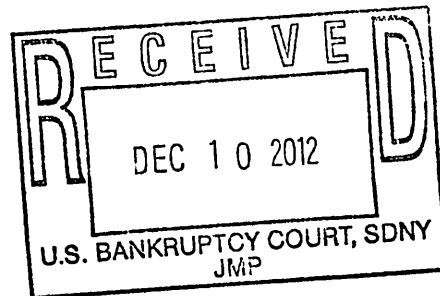


Hearing Date and Time: December 19, 2012 at 10:00 a.m.

Idalia Borges, Pro se  
P.O. Box 9020968  
San Juan, PR 00902-0968  
Tel: (787) 723-1178

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK



In re:

LEHMAN BROTHERS HOLDINGS INC., et al.,

Debtors,

Case No. 08-13555 (JMP)

Chapter 11 (Jointly Administered)

OPPOSITION TO THE THREE HUNDRED SIXTY-SIXTH OMNIBUS OBJECTION TO  
CLAIM

Comes now Idalia Borges, Pro se, opposing the Debtor's objection to my employment related claim. I filed a timely proof of claim in the amount of \$86,805.82 (Claim No. 11265). Based on a previous objection to my claim, it was split into a priority portion and an unsecured portion. On November 9, 2012, the Debtor filed the Three Hundred Sixty-Sixth Omnibus Objection to claim, in which the Debtor states that I was the former employee of an affiliate of the Debtor, Lehman Brothers Inc. ("LBI"), rather than Lehman Brothers Holdings Inc. and thus that my claim should not be allowed in this case.

At the time of the Debtor's bankruptcy filing in 2008, I was on Long Term Disability-Medical Leave. All of the documents that I have related to my employment, show that the Debtor was my employer rather than LBI. My health insurance shows my employer as the Debtor. See Exhibits 1 and 2. Likewise, my retirement plan shows the Debtor as my employer. See Exhibit 3 and 4. When we approached the Debtor to ask how they can claim that my

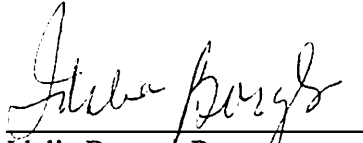
employer was an entity other than the Debtor, we were told that the evidence would be offered at the hearing.

I believe since September, 2008 to December 2012, (four years and three months time) that all parties in charge of this case (lawyers, trustee, Lehman Human Resources, EPIC, and others) have had more than enough time to pay my claim.

In accordance with the notice given in the objection to my claim, I am sending a copy of my opposition to Chambers, attorneys for the Debtor and to the Office of the United States Trustee for Region 2.

Respectfully submitted.

Dated: December 7, 2012

  
Idalia Borges, Pro se  
P.O. Box 9020968  
San Juan, PR 00902-0968  
Tel: (787) 723-1178



4.LB-B-53 ENV# LB11206019001000001

IDALIA BORGES  
254 SAN JOSE STREET  
PH  
SAN JUAN PR 00901-0000

**Lehman Brothers Retirement Service Center**  
1-866-534-6266 (1-866-Lehman6)  
**International Access**  
Dial AT&T Direct Service Access Code, then  
866-534-6266 (866-Lehman6)  
**TDD Service for the Hearing Impaired**  
1-800-610-4015  
**Fidelity NetBenefits®**  
<http://netbenefits.fidelity.com>

November 19, 2008

Re: Benefit Modeling Statement  
Confirmation Number: 0832410451717  
Plan Name: Lehman Brothers Holdings Inc. Retirement Plan (the "Plan")

Dear IDALIA BORGES:

As you requested, we have estimated your benefits payable from the Plan. It is based on certain detailed assumptions and information we have in our records (and any current update from you regarding marital status and proposed beneficiaries). Every effort has been made to ensure its accuracy but your actual benefits may be revised if necessary to reflect more current and accurate information.

**Initiating Your Benefits**

The dates on which you may begin receiving payments are described in the Benefit Data section of this statement. Benefits can begin no sooner than your Earliest Commencement Date, and must commence no later than your Normal Retirement Date if you have previously left the Firm. Normal Retirement Date under the Plan is the generally the later of 65 or the completion of five years of vesting service, and your benefits under the Plan formula are first calculated as the amount payable beginning at that time. If you have retired (or previously terminated employment for any other reason), you may begin your pension at any time after you reach age 55, in an amount actuarially reduced to reflect the earlier starting date, or wait until Normal Retirement Date and receive an unreduced amount (however, if the present value of your benefit at termination of employment is no more than \$1,000 it will be paid to you as soon as practicable in a lump sum).

If you requested pension paperwork and would like to begin receiving your benefit payments within the next 180 days, please review the enclosed checklist, gather the materials indicated and contact the Lehman Brothers Retirement Service Center to make your election. Active employees should also notify their manager of plans to leave the Company.

If you have not reached your Normal Retirement Date and are not ready to begin receiving your benefit payments, please call the Lehman Brothers Retirement Service Center at least 45 days, but not more than 180 days, before your desired payment date. If more than 180 days have passed since you received these materials, you must request new forms from the Lehman Brothers Retirement Service Center. After your call, you will be sent an updated estimate of your benefits and a checklist that you need to complete in order to begin receiving payment.

## LEHMAN BROTHERS

November 29, 2012

RE: 2013 Medical Benefits through Aetna

Dear Former Employee on LTD:

We are writing to confirm that medical benefits coverage will be made available to you by Aetna for 2013. As in 2012, the Lehman Health Care Trust will be permitted to fund a portion of the premiums due to Aetna.

The coverage available for 2013 remains an Open Access "Point of Service" plan allowing for both in-network and out-of-network coverage, and provides the same benefits as the 2012 coverage. The Core, Buy-Up 1 and Buy Up 2 plan designs in effect for 2012 will continue for 2013. Monthly premiums may be adjusted if you select a different plan option than you were enrolled in for 2012.

As you may recall, a Notice of Termination of Long-Term Disability Employee Benefits, informing you that Lehman Brothers Holdings Inc. (LBHI) exercised its right to change your status and thereby terminate all employee benefits (other than continuation of long term disability payments in accordance with the Long-Term Disability Insurance contracts) effective December 31, 2009. Although coverage was terminated, alternate coverage was made available to you through Aetna. In addition, the Lehman Health Care Trust was permitted to subsidize a significant portion of the annual premiums for 2010, 2011 and 2012, and will continue to do so through December 31, 2013.

Please note that Lehman Brothers Holdings Inc. has engaged Dechert LLP to serve as special counsel to the company to provide advice regarding whether any retired individuals or former employees on long term disability have vested benefits under the plan. Dechert LLP will inform individuals of its findings based on its review of the relevant documentation and the applicable law. Upon completion of Dechert's review we will provide you with additional information concerning coverage for 2014 and beyond.

Please review the enclosed materials regarding the coverage offered for 2013. **Please note that if you wish to continue your current coverage for 2013 you do not need to take any action.**

**If you wish to *change* your coverage level for 2013, please complete the enclosed enrollment form and return it to the HR Service Center on or before December 14, 2012.**

If you **do not** wish to enroll in coverage for 2013, please notify the Lehman Brothers HR Service Center on or before **December 14, 2012.**

Lehman Brothers HR Service Center  
1271 Avenue of the Americas, 39<sup>th</sup> Floor  
New York, NY 10020  
Tel: 646-285-9800  
Toll Free: 1-866-994-6381  
Email: [hrrservices@lehmanholdings.com](mailto:hrrservices@lehmanholdings.com)  
Fax: 646-285-9319

**Lehman Brothers Holdings Inc.**

1271 Avenue of the Americas, 35<sup>th</sup> Floor  
New York, NY 10020  
Tel: 646-285-9800  
Fax: 646-285-9319  
Email: hrsservices@lehmanholdings.com

**2013 LTD Medical Change Form – Due by December 14, 2012**

*PLEASE PRINT CLEARLY*

Name of Employee	Date of Birth	Social Security	Telephone
Address	City	State	Zip Code
Marital Status	<input type="checkbox"/> Female <input type="checkbox"/> Male	Email Address	

**Dependent Information**

If employee is deceased, please check here. ☐ Date: \_\_\_\_\_

Spouse's Name	Date of Birth	Social Security	Date of Marriage
Dependent's Name	Date of Birth	Social Security	Relationship
Dependent's Name	Date of Birth	Social Security	Relationship
Dependent's Name	Date of Birth	Social Security	Relationship
Dependent's Name	Date of Birth	Social Security	Relationship

**Coverage Requested:**

- ☐ Employee Only  
☐ Employee + 1  
☐ Employee + 2 or more  
☐ Wish to Opt-Out\*

**Plan Type Requested:**

- ☐ Core Plan  
☐ Buy Up 1  
☐ Buy Up 2

I understand that this coverage is granted unilaterally by the Firm and is not a contract between the firm and its present or retired employees. The Firm reserves the right to raise premiums, amend or terminate the plan for present or retired employees at any time at the sole discretion of the Board of Directors.

I certify that, to the best of my knowledge, this form does not contain any false, misleading, or incomplete information. I also authorize the release of any and all records or other information, which may be necessary to determine benefits payable to me.

\* I acknowledge that if I Opt-Out from the coverage, it will be effective 1/1/2013 and that I and my dependents will not be allowed to re-enroll in the future.

Signature

Date

# 2013 Plan Benefit Options

	CORE		Buy Up 1		Buy Up 2	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Office Visit Co-pay	\$25	Deductible & co-insurance	\$25	Deductible & co-insurance	\$20	Deductible & co-insurance
Specialist Co-pay	\$50	Deductible & co-insurance	\$40	Deductible & co-insurance	\$30	Deductible & co-insurance
Deductible (Employee Only)	\$1,000	\$5,000	\$0	\$1,000	\$0	\$400
Deductible (Employee +1 & Family)	\$3,000	\$15,000	\$0	\$3,000	\$0	\$1,200
Coinsurance	10%	40%	10%	30%	0%	30%
Payment Limit – Out of Pocket (Employee Only)	\$2,000	\$10,000	\$2,000	\$4,000	\$1,000	\$2,000
Payment Limit – Out of Pocket (Employee +1 & Family)	\$6,000	\$30,000	\$6,000	\$12,000	\$3,000	\$6,000
Hospital inpatient	10%	Deductible & co-insurance	10%	Deductible & co-insurance	\$500 Co-pay	30%
Hospital outpatient	10%	Deductible & co-insurance	10%	Deductible & co-insurance	\$250 Co-pay	30%
ER Co-pay	\$100	\$100	\$100	\$100	\$50	\$50
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

# 2013 Pharmacy Options

## RX Plan Options remain unchanged



	Core		Buy Up 1		Buy Up 2	
Deductible	\$100 Annual		\$50 Annual		\$0 Annual	
	Retail (30 Day Supply)	Mail Order (31-90 Day Supply)	Retail (30 Day Supply)	Mail Order (31-90 Day Supply)	Retail (30 Day Supply)	Mail Order (31-90 Day Supply)
Covered Generic Drugs	\$10	\$20	\$10	\$20	\$10	\$20
Covered Preferred Brand-Name Drugs	\$35	\$70	\$25	\$50	\$25	\$50
Covered Non-Preferred Generic or Brand-Name Drugs	\$70	\$14	\$50	\$100	\$50	\$100

Plan choices must correspond with medical options

# 2013 Contributions for LTD Members

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## Core Plan

	<u>Per month</u>
Employee	\$ 57.29
Employee + 1	\$ 126.02
Employee + 2 or more	\$ 230.85

## BUY UP 1

Employee	\$ 145.83
Employee + 1	\$ 305.56
Employee + 2 or more	\$ 495.14

## BUY UP 2

Employee	\$ 213.37
Employee + 1	\$ 441.23
Employee + 2 or more	\$ 705.16

\* For the core plan, individuals will be charged the lesser of their current monthly premium or the new 2013 monthly rate.

For both buy up plans, individuals will be charged at the 2013 rates for this coverage.

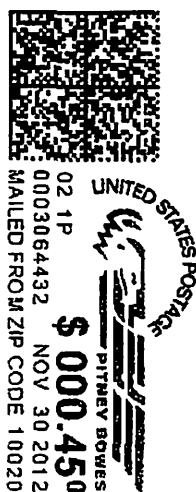
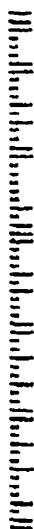


**LEHMAN BROTHERS HOLDINGS INC.**

1271 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020-1300

**Idalia Borges**  
**P.O. Box 9020968**  
**San Juan, Puerto Rico 00902-0968**

00902096868





PBGC/Insurance Operations Department  
P.O. Box 151750  
Alexandria VA 22315-1750

103IT  
August 24, 2009

PBGC Case Number: 21291800  
Plan Name: LEHMAN BROTHERS HOLDINGS INC. RETIREMENT PLAN

IDALIA BORGES  
PH  
254 SAN JOSE STREET  
SAN JUAN PR 00901

Dear IDALIA BORGES:

As we informed you in our previous letter, the Pension Benefit Guaranty Corporation (PBGC), a U.S. Government agency, is now responsible for your pension plan. To learn more about PBGC, please view the enclosed DVD, **Welcome to the PBGC**, read the enclosed brochure, **Your Guaranteed Pension**, or visit our website at [www.pbgc.gov](http://www.pbgc.gov).

PBGC insures private pension plans like yours and protects the benefits of workers and retirees covered by those plans. If a plan ends after a sponsoring employer has failed to put in enough money to pay all promised benefits, PBGC steps in to pay benefits, up to the limits set by Congress. These limits may require PBGC to pay less than your plan would have paid, had your employer continued to sponsor and fund the plan.

PBGC receives no funds from general tax revenues. To finance the pension insurance program, we take in premiums from plan sponsors, assets from terminated pension plans, and earnings from investments. These monies help us to pay your plan's benefits.

PBGC reviews your plan's records to determine what benefits each person will receive. Until we complete our review of the plan records and calculate the benefits we can pay you under the law, the pension payments you receive are estimated payments. Plan benefits exceeding legal limits set by Congress will be reduced. When we complete this review, we will tell you in writing if you are entitled to a benefit and the benefit amount. If you are not entitled to a benefit, we will also tell you the reasons in writing. In either case, we will advise you of your rights to appeal our decision.

If you are entitled to benefits, we will begin paying you estimated benefits when you are eligible and you apply to PBGC to begin payments. Please call our Customer Contact Center about four months before you want your pension payments to begin. You may also apply for your pension benefit online through our website. See the box below for more information about our "Online Pension Account Services."





Aetna Life Insurance Company  
P.O. BOX 981106  
EL PASO, TX 79998-1106  
006553 J280EV8K 022558

Statement date: February 3, 2012

Member: IDALIA BORGES  
Member ID: W190098941  
Group #: 0837094-10-006 DF CATH@0  
Group name: LEHMAN BROTHERS HOLDINGS  
INC

IDALIA BORGES  
254 SAN JOSE ST  
PH  
SAN JUAN PR 00901-3510

QUESTIONS? Contact us at aetna.com  
1-800-962-6842  
Or write to the address shown above.

**THIS IS NOT A BILL**  
Keep this for your records

## Explanation of benefits:

# Track your health care costs

**\$508.80**

Amount you owe or already paid

Amount billed \$784.00

Plan payments and discounts - \$275.20

You owe \$508.80

\$275.20 \$508.80

\$0 \$784.00

Going to a doctor or hospital in our network saves you money.

That's because we have arranged discounted rates with these providers.

Our online provider directory can help you find a doctor or other health care professional. Just go to [www.aetna.com](http://www.aetna.com).

**\$0.00 (In-network)**

Amount you have left to meet deductible

Annual deductible \$400.00

Deductible used - \$400.00

Deductible remaining \$0.00

\$400.00

\$0 \$400.00

## A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$784.00
Member rate:	The agreed upon amount your doctor or health care provider in our network accepts as their fee.	\$0.00
Pending or not payable:	A claim that needs more review by us or an amount we did not pay. You may or may not have to pay this. Read 'Your Claim Remarks' to learn more.	\$40.00
Deductible:	The amount you pay before your health plan will pay benefits.	\$400.00
Coinurance:	When you pay part of the bill and we pay part of the bill. This is your out-of-pocket amount.	\$68.80
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00

## A message from Aetna

When is the best time to find a doctor or dentist? It's before you need one, when you are feeling healthy and have time to make a careful choice.



Statement date: February 3, 2012

Member: IDALIA BORGES  
Member ID: W190098941  
Group #: 0837094-10-006 DF CATH@0  
Group name: LEHMAN BROTHERS HOLDINGS  
INC

## Your payment summary

		Your plan paid		You owe or already paid	
Patient	Provider	Amount	Sent to	Date	Amount
Idalia (self)	Salvatore P Costa	\$275.20	Salvatore P Costa	2/11/12	\$508.80
Total:		\$275.20			\$508.80

## Your claims up close

### Claim for Idalia (self)

Claim ID: E2FAXFYR000 Received on 2/1/12	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
TYE WIDOPPLER, COMPLETE on 1/30/12 93306 Salvatore P Costa Refer to Remarks Section	784.00		40.00 (1)	400.00		344.00	275.20 (80%)	68.80 (20%)	508.80
Totals:	784.00		40.00	400.00		344.00	275.20	68.80	\$508.80
	A	B	C	D	E	F	G	H	I

You can find all numbered claim remarks in 'Your Claim Remarks' section.

### Your Claim Remarks

#### General Remarks:

- (1) Your plan provides benefits for covered expenses at the prevailing charge level, as determined by Aetna, made for the service in the geographical area where it is provided. Your provider may not accept this amount as payment in full and you may receive a bill for the difference between the submitted and paid charges. 517
- (2) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]

## Your benefit balances to date for 1/1/12 to 12/31/12

Description		
Individual	Annual limit	Amount remaining
Idalia (self)		
Medical Deductible	\$400.00	\$0.00
Medical Coinsurance	\$2,000.00	\$1,931.20



Statement date: February 3, 2012

Member: IDALIA BORGES  
Member ID: W190098941  
Group #: 0837094-10-006 DF CATH@0  
Group name: LEHMAN BROTHERS HOLDINGS  
INC

#### A message from Aetna

It's all about balance. You don't have to give up your favorite foods, but don't eat too much of one thing. Your body needs a variety of vitamins and nutrients that you can get from eating grains, vegetables, fruits, dairy products and meats.

Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.

Pour une aide en français, veuillez nous appeler au numéro figurant sur votre carte d'identité.

若需要中文协助，请拨打您医疗身分证上的电话联系我們。

Para sa tulong sa wikang Tagalog, tawagan kami sa número na nasa iyong Medikal na ID card.

Ya'áti' t'áá dinék'ehjí bee aká'a'áyeed biniyé, nihich'í' hodílnihjí' éí azee' ál'í'ídi naaltsoos bee néé ho'dízinígíí number bikáá' yisdzoh.

Für Auskünfte auf Deutsch rufen Sie einfach die Nummer auf Ihrer Krankenversicherungskarte an.

Do you need this in another language? Call us.

103411040065302



**Do you have questions? Call us free of charge at the 1-800 number on the first page of this statement or on your member ID card.**

#### **Appeals**

**Please send your written appeal along with a copy of this entire EOB to this address:**

Appeals Resolution Team  
PO Box 14464  
Lexington, KY 40512

You are entitled to a review (appeal) of this benefit determination if you have questions or do not agree.

To obtain a review, you or your authorized representative should call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the Appeals Resolution Team address shown above. Your request should include the group name (e.g., your employer), your name, member ID, address and date of birth and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also request (free of charge) documents relevant to your claim. Verbal or written requests for review of the adverse determination must be communicated, mailed or delivered within 180 days following receipt of this explanation or such longer period as may be specified in your plan brochure or Summary Plan Description.

Notice of a determination will be sent within 30 days following receipt of your request unless otherwise required by state law. If you do not agree with such determination, you have the right to file a second request for review.

If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.

In response to an appeal, if Aetna upholds an initial denial of coverage based upon medical necessity or because the requested service is experimental or investigational, you or a provider on your behalf may file an external appeal for review by a New York State approved external appeal agent by submitting a completed external appeal application to the New York State Insurance Department. An application for external appeal and appropriate instructions would accompany Aetna's response. The clinical criteria upon which this decision was based are available free of charge upon request by calling our Member Services Department using the phone number displayed on the member ID card.

A copy of the specific rule, guideline or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative.

Failure to comply with requirements for appeal may lead to forfeiture of your right to challenge a denial or rejection, even when a request for clarification has been made.

#### **What happens next**

If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

#### **Your privacy**

Your health information is confidential. Any information you give us will be kept private. When contacting us about this notice or for help with other questions, please be prepared to provide your member name, member ID, and date of birth.

#### **Prevent fraud**

If you suspect fraud or abuse involving these services or would like to report other healthcare fraud-related issues, please call the toll-free hotline at 1-800-338-6361 or e-mail us at [aetnasju@aetna.com](mailto:aetnasju@aetna.com).

#### **Resources available to help you**

Need help understanding this notice or our decision? Call us free of charge at the 1-800 number on your medical ID card. There are also other resources available to help you. Most plans are now subject to health care reform law. Call us or ask your employer if your plan is subject to the law. If it is, you can also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) for help, if your health plan is provided by your employer. In addition, a consumer assistance program may be able to assist you. Please refer to the "States and U.S. Territories with a Consumer Assistance Program" table for contact information.

Contact us or your employer to find out if your plan is insured or self-funded. If it is insured, you will also need to ask for contract state.

- If your plan is self-funded, use the state you live in
- If your plan is insured, use your contract state
- For international plans subject to the US health care reform law, use the state where the plan sponsor has their main place of business

# States and Territories with Consumer Assistance Programs

State	Mailing Address, Telephone, E-Mail, and/or Web Address
AR	Arkansas Insurance Department Consumer Services Division, 1200 West Third St., Little Rock, AR 72201 Toll Free: 1-855-332-2227, E-Mail: <a href="mailto:Insurance.consumers@arkansas.gov">Insurance.consumers@arkansas.gov</a>
CA	California Department of Managed Health Care Help Center, 980 9th St Suite 500, Sacramento, CA 95814 Toll Free: 1-888-466-2219, Web: <a href="http://www.healthhelp.ca.gov">http://www.healthhelp.ca.gov</a> , E-Mail: <a href="mailto:helpline@dmhc.ca.gov">helpline@dmhc.ca.gov</a>
CT	Connecticut Office of the Healthcare Advocate, P.O. Box 1543, Hartford, CT 06144 Toll Free: 1-866-466-4446, Web: <a href="http://www.ct.gov/oha">www.ct.gov/oha</a> , E-Mail: <a href="mailto:healthcare.advocate@ct.gov">healthcare.advocate@ct.gov</a>
DC	DC Office of the Health Care Ombudsman and Bill of Rights, 899 North Capitol St., NE, 6th Floor, Rm 6037, Washington, DC 20002 Toll Free: 1-877-685-6391, E-Mail: <a href="mailto:healthcareombudsman@dc.gov">healthcareombudsman@dc.gov</a>
DE	Delaware Department of Insurance, 841 Silver Lake Blvd, Dover, DE 19904 Toll Free: 1-800-282-8611, E-Mail: <a href="mailto:consumer@state.de.us">consumer@state.de.us</a>
GA	Georgia Office of Insurance and Safety Fire Commissioner Consumer Services Division, 2 Martin Luther King, Jr. Drive, West Tower, Suite 716, Atlanta, GA 30334 Toll Free: 1-800-656-2298, Web: <a href="http://www.oci.ga.gov/ConsumerService/Home.aspx">http://www.oci.ga.gov/ConsumerService/Home.aspx</a>
Guam	Guam Department of Revenue and Taxation, 1240 Army Drive, Barrigada, Guam 96921 Tel: 1-671-635-1844
IA	Iowa Consumer Advocate Bureau, 330 Maple St, Des Moines, IA 50319 Toll Free: 1-877-955-1212, Web: <a href="http://insuranceca.iowa.gov/">http://insuranceca.iowa.gov/</a> , E-Mail: <a href="mailto:consumer.advocate@iia.iowa.gov">consumer.advocate@iia.iowa.gov</a>
IL	Illinois Department of Insurance, 320 W. Washington St, 4th Floor, Springfield, IL 62727 Toll Free: 1-877-527-9431, Web: <a href="http://www.insurance.illinois.gov">http://www.insurance.illinois.gov</a> , E-Mail: <a href="mailto:DOI.Director@illinois.gov">DOI.Director@illinois.gov</a>
KS	Kansas Insurance Department Consumer Assistance Division, 420 SW 9th Street, Topeka, KS 66612 Toll Free: 1-800-432-2484, Web: <a href="http://www.ksinsurance.org">http://www.ksinsurance.org</a> , E-Mail: <a href="mailto:CAP@ksinsurance.org">CAP@ksinsurance.org</a>
KY	Kentucky Department of Insurance, Consumer Protection Division, P.O. Box 517, Frankfort, KY 40602 Toll Free: 1-877-587-7222, Web: <a href="http://healthinsurancehelp.ky.gov">http://healthinsurancehelp.ky.gov</a> , E-Mail: <a href="mailto:DOI.CAPOmbudsman@ky.gov">DOI.CAPOmbudsman@ky.gov</a>
MA	Health Care for All, 30 Winter Street, Suite 1004, Boston, MA 02108 Toll Free: 1-800-272-4232, Web: <a href="http://www.hcfama.org/helpline">http://www.hcfama.org/helpline</a>
MD	Maryland Office of the Attorney General/Health Education and Advocacy Unit, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202 Toll Free: 1-877-261-8807, Web: <a href="http://www.oag.state.md.us/Consumer/HEAU.htm">http://www.oag.state.md.us/Consumer/HEAU.htm</a> , E-Mail: <a href="mailto:heau@oag.state.md.us">heau@oag.state.md.us</a>
ME	Consumer for Affordable Health Care, 12 Church Street, PO Box 2490, Augusta, ME 04338-2490 Toll Free: 1-800-965-7476, Web: <a href="http://www.maineahc.org">http://www.maineahc.org</a> , E-Mail: <a href="mailto:consumerhealth@mainecahc.org">consumerhealth@mainecahc.org</a>
MI	Michigan Health Insurance Consumer Assistance Program (HICAP)/Michigan Office of Financial and Insurance Regulation, P.O. Box 30220, Lansing, MI 48909 Toll Free: 1-877-999-6442, Web: <a href="http://michigan.gov/ofir">http://michigan.gov/ofir</a> , E-Mail: <a href="mailto:ofir-hicap@michigan.gov">ofir-hicap@michigan.gov</a>
MO	Missouri Department of Insurance, 301 W. High Street, Room 830, Harry S. Truman State Office Building, Jefferson City, MO 65101 Toll Free: 1-800-726-7390, Web: <a href="http://insurance.mo.gov/">http://insurance.mo.gov/</a> , E-Mail: <a href="mailto:consumeraffairs@insurance.mo.gov">consumeraffairs@insurance.mo.gov</a>
MS	Health Help Mississippi, 800 North President Street, Jackson, MS 39202 Toll Free: 1-877-314-3843, Web: <a href="http://www.healthhelpms.org">http://www.healthhelpms.org</a> , E-Mail: <a href="mailto:healthhelpms@mhap.org">healthhelpms@mhap.org</a>
MT	Montana Consumer Assistance Program, 840 Helena Ave., Helena, MT 59601 Toll Free: 1-800-332-6148, Web: <a href="http://www.csi.mt.gov/">http://www.csi.mt.gov/</a>
NC	North Carolina Department of Insurance/Health Insurance Smart NC, 430 N. Salisbury Street, Raleigh, NC 27603 Toll Free: 1-877-885-0231, Web: <a href="http://www.ncdoi.com/">http://www.ncdoi.com/</a>
NH	New Hampshire Department of Insurance, 21 South Fruit Street, Suite 14, Concord, NH 03301 Toll Free: 1-800-852-3416, E-Mail: <a href="mailto:consumerservices@ins.nh.gov">consumerservices@ins.nh.gov</a> , Web: <a href="http://www.nh.gov/insurance/">http://www.nh.gov/insurance/</a>
NJ	New Jersey Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625 Toll Free: 1-800-446-7467 or 1-888-393-1062 (appeals), Web: <a href="http://www.state.nj.us/dobi/consumer.htm">http://www.state.nj.us/dobi/consumer.htm</a> , E-Mail: <a href="mailto:ombudsman@dobi.state.nj.us">ombudsman@dobi.state.nj.us</a>
NM	New Mexico Public Regulation Commission/Division of Insurance, 1120 Paseo De Peralta, Santa Fe, NM 87504 Toll Free: 1-888-427-5772, Web: <a href="http://www.nmpro.state.nm.us/id.htm">http://www.nmpro.state.nm.us/id.htm</a> , E-Mail: <a href="mailto:mchb.grievance@state.nm.us">mchb.grievance@state.nm.us</a>
NV	Office of the Governor, Consumer Health Assistance, 555 East Washington Ave #4800, Las Vegas, NV 89101 Toll Call: 1-702-486-3587, Toll Free: 1-888-333-1597, Web: <a href="http://www.govcha.state.nv.us">http://www.govcha.state.nv.us</a> , E-Mail: <a href="mailto:cha@govcha.state.nv.us">cha@govcha.state.nv.us</a>
NY	Community Service Society of New York, Community Health Advocates, 105 East 22nd Street, 8th floor, New York, NY 10010 Toll Free: 1-888-614-5400, Web: <a href="http://www.communityhealthadvocates.org/">http://www.communityhealthadvocates.org/</a>
OK	Oklahoma Insurance Department, Five Corporate Plaza, 3625 Northwest 56th Street, Suite 100, Oklahoma City, OK 73112 Toll Free: 1-800-522-0071 (in-state only), Toll Call: 1-405-521-2828, Web: <a href="http://www.ok.gov/oid/Consumers/Consumer_Assistance/index.html">http://www.ok.gov/oid/Consumers/Consumer_Assistance/index.html</a>

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# States and Territories with Consumer Assistance Programs

State	Mailing Address, Telephone, E-Mail, and/or Web Address
OR	Oregon Insurance Division, P.O. Box 14480, Salem, OR 97309-0405 Tel: 1-503-947-7984, Web: <a href="http://www.cbs.state.or.us/ins/index.html">http://www.cbs.state.or.us/ins/index.html</a> , E-Mail: <a href="mailto:cp.ins@state.or.us">cp.ins@state.or.us</a>
PA	Pennsylvania Department of Insurance, 1326 Strawberry Square, Harrisburg, PA 17111 Toll Free: 1-877-881-6388 Web: <a href="http://www.insurance.pa.gov">www.insurance.pa.gov</a>
PR	Puerto Rico Oficina de la Procuradora del Paciente, 1215 Ponce de Leon, PDA 18, Santurce, PR 00907 Toll Free: 1-800-981-0031, Web: <a href="http://www.pacientes.gobierno.pr">http://www.pacientes.gobierno.pr</a> , E-Mail: <a href="mailto:querellas@opp.gobierno.pr">querellas@opp.gobierno.pr</a>
RI	Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Bldg 69-2, Cranston, RI 02920 Toll Free: 1-401-462-9520, Web: <a href="http://www.dbr.state.ri.us">http://www.dbr.state.ri.us</a> and <a href="http://www.ohic.ri.gov">http://www.ohic.ri.gov</a> , E-Mail: <a href="mailto:InsuranceInquiry@dbr.ri.gov">InsuranceInquiry@dbr.ri.gov</a> and <a href="mailto:HealthInsInquiry@ohic.ri.gov">HealthInsInquiry@ohic.ri.gov</a>
SC	South Carolina Department of Insurance/Consumer and Individual Licensing Services Division, P.O. Box 100105, Columbia, SC 29202 Toll Free: 1-800-768-3467, Web: <a href="http://www.doi.sc.gov">http://www.doi.sc.gov</a> , E-Mail: <a href="mailto:consumers@doi.sc.gov">consumers@doi.sc.gov</a>
TN	Tennessee Department of Commerce and Insurance, 500 James Robertson Pkwy, Davy Crockett Tower, 4th floor, Nashville, TN 37243 Toll Free: 1-800-342-4029, Web: <a href="http://www.tn.gov/commerce/insurance">http://www.tn.gov/commerce/insurance</a> , E-Mail: <a href="mailto:CIS.Complaints@state.tn.us">CIS.Complaints@state.tn.us</a>
TX	Texas Consumer Health Assistance Program, Texas Department of Insurance, Mail Code 111-1A, 333 Guadalupe, P.O. Box 149091, Austin, TX 78714 Toll Free: 1-855-839-2427 (855-TEX-CHAP), Web: <a href="http://www.texashealthoptions.com">www.texashealthoptions.com</a> , E-Mail: <a href="mailto:chap@tdi.state.tx.us">chap@tdi.state.tx.us</a>
VA	Virginia State Corporation Commission/Life & Health Division, Bureau of Insurance, P.O. Box 1157, Richmond, VA 23218 Toll Free: 1-877-310-6560, Web: <a href="http://www.scc.virginia.gov/boi">http://www.scc.virginia.gov/boi</a> , E-Mail: <a href="mailto:bureauofinsurance@scc.virginia.gov">bureauofinsurance@scc.virginia.gov</a>
VI	U.S. Virgin Islands Division of Banking and Insurance, 1131 King Street, Suite 101, Christiansted, St. Croix, VI 00820 Tel: 1-340-773-6459, Web: <a href="http://www.lti.gov.vi">http://www.lti.gov.vi</a>
VT	Vermont Legal Aid, 264 North Winooski Ave., Burlington, VT 05402 Toll Free: 1-800-917-7787, Web: <a href="http://www.vtlegalaid.org">http://www.vtlegalaid.org</a>
WA	Washington Consumer Assistance Program, 5000 Capitol Blvd, Tumwater, WA 98501 Toll Free: 1-800-562-6900, Web: <a href="http://www.insurance.wa.gov/">http://www.insurance.wa.gov/</a> , E-Mail: <a href="mailto:cap@oic.wa.gov">cap@oic.wa.gov</a>
WV	West Virginia Office of the Insurance Commissioner/Consumer Service Division, P.O. Box 50540, Charleston, WV 25305 Toll Free: 1-888-879-9842, Web: <a href="http://www.wvinsurance.gov/">http://www.wvinsurance.gov/</a>